

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TEXAS INSTRUMENTS INC.  
ADDRESS: 527 Pleasant Street  
ATTLEBORO, MA 02703  
FACILITY: TEXAS INSTRUMENTS, INC.  
LOCATION: 527 PLEASANT STREET  
ATTLEBORO, MA 02703  
ATTN: Joe Bauer, VICE PRES.

MA0001791	002-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 01880  
MAJOR  
(SUBR S)  
GROUNDWATER INFILTRATION  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.89	*****	6.89	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	126444	126444	gal/d	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Joseph Bauer		TELEPHONE		DATE	
Joseph Bauer/ Environmental Specialist		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(214)567-4874		/6/11/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

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MA0001791	002-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 01880  
MAJOR (SUBR S)  
GROUNDWATER INFILTRATION  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Trichloroethene	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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Joseph Bauer/ Environmental Specialist			(214)567-4874	06/11/2020	
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

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FACILITY: TEXAS INSTRUMENTS, INC.  
LOCATION: 527 PLEASANT STREET  
ATTLEBORO, MA 02703  
ATTN: Joe Bauer, VICE PRES.

MA0001791	002-B
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 01880  
MAJOR  
(SUBR S)  
TREATED GROUNDWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	>= 6.68	*****	<= 6.77	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	111593	*****	gal/d	*****	*****	*****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	*****	gal/d	*****	*****	*****	*****		Weekly	Estimate

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Joseph Bauer/ Environmental Specialist		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(214)567-4874	6/11/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

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LOCATION: 527 PLEASANT STREET  
ATTLEBORO, MA 02703  
ATTN: Joe Bauer, VICE PRES.

MA0001791	004-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 01880  
MAJOR  
(SUBR S)  
GROUNDWATER INFILTRATION  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.72	*****	6.72	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	145164	145164	gal/d	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	8.1	8.1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.2	1.2	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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Joseph Bauer/ Environmental Specialist		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(214)567-4874	6/11/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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FACILITY: TEXAS INSTRUMENTS, INC.  
LOCATION: 527 PLEASANT STREET  
ATTLEBORO, MA 02703  
ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 01880  
MAJOR (SUBR S)  
GROUNDWATER INFILTRATION - QUART  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	1.2	*****	1.2	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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Joseph Bauer/ Environmental Specialist			(214)567-4874		6/11/2020
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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ATTLEBORO, MA 02703  
ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 01880  
MAJOR (SUBR S)  
OUTLET OF COOPERS POND TO WADING R  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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Joseph Bauer/ Environmental Specialist		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(214)567-4874		/6/11/2020	
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ATTLEBORO, MA 02703  
ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
05/01/2020	05/31/2020

DMR Mailing ZIP CODE: 01880  
MAJOR  
(SUBR S)  
OUTLET OF COOPERS POND TO WADING R  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	*****	*****	*****			
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Grab

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MA0001791	002-A
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MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01880  
MAJOR  
(SUBR S)  
GROUNDWATER INFILTRATION  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.62	*****	6.62	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	110880	110880	gal/d	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	1.2	*****	1.2	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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Joseph Bauer/ Environmental Specialist		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(214)567-4874		/7/13/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

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SAMPLE DURING DRY WEATHER.

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MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01880  
MAJOR (SUBR S)  
GROUNDWATER INFILTRATION  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Trichloroethene	SAMPLE MEASUREMENT	*****	*****	*****	2.3	*****	2.3	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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Joseph Bauer/ Environmental Specialist		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(214)567-4874	7/13/2020
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TEXAS INSTRUMENTS INC.  
ADDRESS: 527 Pleasant Street  
ATTLEBORO, MA 02703  
FACILITY: TEXAS INSTRUMENTS, INC.  
LOCATION: 527 PLEASANT STREET  
ATTLEBORO, MA 02703  
ATTN: Joe Bauer, VICE PRES.

MA0001791	002-B
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01880  
MAJOR  
(SUBR S)  
TREATED GROUNDWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	>= 6.62	*****	<= 6.71	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.4	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	97968	*****	gal/d	*****	*****	*****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	*****	gal/d	*****	*****	*****	*****		Weekly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Joseph Bauer		TELEPHONE	DATE
Joseph Bauer/ Environmental Specialist		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(214)567-4874	7/13/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TEXAS INSTRUMENTS INC.  
ADDRESS: 527 Pleasant Street  
ATTLEBORO, MA 02703  
FACILITY: TEXAS INSTRUMENTS, INC.  
LOCATION: 527 PLEASANT STREET  
ATTLEBORO, MA 02703  
ATTN: Joe Bauer, VICE PRES.

MA0001791	004-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01880  
MAJOR  
(SUBR S)  
GROUNDWATER INFILTRATION  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.51	*****	6.51	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	127364	127364	gal/d	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.5	9.5	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.1	1.1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Joseph Bauer		TELEPHONE	DATE
Joseph Bauer/ Environmental Specialist		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(214)567-4874	7/13/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TEXAS INSTRUMENTS INC.  
ADDRESS: 527 Pleasant Street  
ATTLEBORO, MA 02703  
FACILITY: TEXAS INSTRUMENTS, INC.  
LOCATION: 527 PLEASANT STREET  
ATTLEBORO, MA 02703  
ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01880  
MAJOR (SUBR S)  
GROUNDWATER INFILTRATION - QUART  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	1.1	*****	1.1	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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Joseph Bauer/ Environmental Specialist			(214)567-4874		07/13/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TEXAS INSTRUMENTS INC.  
ADDRESS: 527 Pleasant Street  
ATTLEBORO, MA 02703  
FACILITY: TEXAS INSTRUMENTS, INC.  
LOCATION: 527 PLEASANT STREET  
ATTLEBORO, MA 02703  
ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01880  
MAJOR (SUBR S)  
OUTLET OF COOPERS POND TO WADING R  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.31	*****	6.31	SU		Quarterly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	ug/L		Quarterly	Grab
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	< 10	*****	< 10	ug/L		Quarterly	Grab
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	< 25	*****	< 25	ug/L		Quarterly	Grab
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	*****	*****	*****	< 7	*****	< 7	ug/L		Quarterly	Grab
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	< 50	*****	< 50	ug/L		Quarterly	Grab
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	< 100	*****	< 100	ug/L		Quarterly	Grab
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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Joseph Bauer/ Environmental Specialist		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(214)567-4874		/7/13/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TEXAS INSTRUMENTS INC.  
ADDRESS: 527 Pleasant Street  
ATTLEBORO, MA 02703  
FACILITY: TEXAS INSTRUMENTS, INC.  
LOCATION: 527 PLEASANT STREET  
ATTLEBORO, MA 02703  
ATTN: Joe Bauer, VICE PRES.

MA0001791	007-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
06/01/2020	06/30/2020

DMR Mailing ZIP CODE: 01880  
MAJOR  
(SUBR S)  
OUTLET OF COOPERS POND TO WADING R  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	4439458	4439458	gal/d	*****	*****	*****	*****		Quarterly	Grab
50050 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Joseph Bauer	TELEPHONE	DATE
Joseph Bauer/ Environmental Specialist		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(214)567-4874	7/13/2020
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TEXAS INSTRUMENTS INC.  
ADDRESS: 527 Pleasant Street  
ATTLEBORO, MA 02703  
FACILITY: TEXAS INSTRUMENTS, INC.  
LOCATION: 527 PLEASANT STREET  
ATTLEBORO, MA 02703  
ATTN: Joe Bauer, VICE PRES.

MA0001791	002-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 01880  
MAJOR  
(SUBR S)  
GROUNDWATER INFILTRATION  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.64	*****	6.64	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Priority Pollutants	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI 9				
50008 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. TOTAL	ug/L		Annual	24 Hour Composite
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	111081	111081	gal/d	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	70 DAILY MX	ug/L		Monthly	Grab
Tetrachloroethene	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78389 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Monthly	Grab

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Joseph Bauer/ Environmental Specialist		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(214)567-4874		/8/13/2020	
TYPED OR PRINTED				AREA Code	NUMBER	MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TEXAS INSTRUMENTS INC.  
ADDRESS: 527 Pleasant Street  
ATTLEBORO, MA 02703  
FACILITY: TEXAS INSTRUMENTS, INC.  
LOCATION: 527 PLEASANT STREET  
ATTLEBORO, MA 02703  
ATTN: Joe Bauer, VICE PRES.

MA0001791	002-A
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 01880  
MAJOR (SUBR S)  
GROUNDWATER INFILTRATION  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Trichloroethene	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	5 DAILY MX	ug/L		Monthly	Grab

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Joseph Bauer/ Environmental Specialist		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(214)567-4874	8/13/2020
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLE DURING DRY WEATHER.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TEXAS INSTRUMENTS INC.  
ADDRESS: 527 Pleasant Street  
ATTLEBORO, MA 02703  
FACILITY: TEXAS INSTRUMENTS, INC.  
LOCATION: 527 PLEASANT STREET  
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MA0001791	002-B
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 01880  
MAJOR  
(SUBR S)  
TREATED GROUNDWATER  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	>= 6.6	*****	<= 6.77	SU		Weekly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Weekly	Grab
trans-1,2-Dichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 1.5	ug/L		Monthly	Grab
34546 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	100 DAILY MX	ug/L		Monthly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1	ug/L		Monthly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	ug/L		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	59510	*****	gal/d	*****	*****	*****	*****		Weekly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	250000 MO AVG	*****	gal/d	*****	*****	*****	*****		Weekly	Estimate

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Joseph Bauer		TELEPHONE	DATE
Joseph Bauer/ Environmental Specialist		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(214)567-4874	8/13/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLE DURING DRY WEATER CONDITIONS

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
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ADDRESS: 527 Pleasant Street  
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LOCATION: 527 PLEASANT STREET  
ATTLEBORO, MA 02703  
ATTN: Joe Bauer, VICE PRES.

MA0001791	004-A
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 01880  
MAJOR  
(SUBR S)  
GROUNDWATER INFILTRATION  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.68	*****	6.68	SU		Monthly	Grab
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6.5 MINIMUM	*****	8.3 MAXIMUM	SU		Monthly	Grab
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	121574	121574	gal/d	*****	*****	*****	*****		Monthly	Estimate
50050 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	Estimate
cis-1,2-Dichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	*****	10	10	ug/L		Monthly	Grab
77093 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab
Trichloroethene	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.6	2.6	ug/L		Monthly	Grab
78391 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	ug/L		Monthly	Grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	Joseph Bauer		TELEPHONE	DATE
Joseph Bauer/ Environmental Specialist		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(214)567-4874	8/13/2020
TYPED OR PRINTED				AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
SAMPLE DURING DRY WEATHER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different)  
NAME: TEXAS INSTRUMENTS INC.  
ADDRESS: 527 Pleasant Street  
ATTLEBORO, MA 02703  
FACILITY: TEXAS INSTRUMENTS, INC.  
LOCATION: 527 PLEASANT STREET  
ATTLEBORO, MA 02703  
ATTN: Joe Bauer, VICE PRES.

MA0001791	004-Q
PERMIT NUMBER	DISCHARGE NUMBER

  

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 01880  
MAJOR (SUBR S)  
GROUNDWATER INFILTRATION - QUART  
External Outfall  
No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chloroform	SAMPLE MEASUREMENT	*****	*****	*****	< 1	*****	< 1	ug/L		Quarterly	Grab
32106 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Vinyl chloride	SAMPLE MEASUREMENT	*****	*****	*****	2.7	*****	2.7	mg/L		Quarterly	Grab
39175 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	mg/L		Quarterly	Grab
Trichloroethylene	SAMPLE MEASUREMENT	*****	*****	*****	2.6	*****	2.6	ug/L		Quarterly	Grab
39180 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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Joseph Bauer/ Environmental Specialist			(214)567-4874		8/13/2020
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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MM/DD/YYYY	MM/DD/YYYY
07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 01880  
MAJOR (SUBR S)  
OUTLET OF COOPERS POND TO WADING R  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
pH	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MINIMUM	*****	Req. Mon. MAXIMUM	SU		Quarterly	Grab
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Silver, total [as Ag]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. MAXIMUM	ug/L		Quarterly	Grab
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	NODI 9	*****	NODI 9				
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	Req. Mon. MO AVG	*****	Req. Mon. DAILY MX	ug/L		Quarterly	Grab

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Joseph Bauer/ Environmental Specialist		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		(214)567-4874		/8/13/2020	
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COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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07/01/2020	07/31/2020

DMR Mailing ZIP CODE: 01880  
MAJOR  
(SUBR S)  
OUTLET OF COOPERS POND TO WADING R  
External Outfall

No Discharge ☐

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow, in conduit or thru treatment plant	SAMPLE MEASUREMENT	NODI 9	NODI 9		*****	*****	*****	*****			
50050 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Quarterly	Grab

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